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Bib Data Sheet

CONFIRMATION NO. 2226

SERIAL NUMBER 10/751,352	FILING DATE 01/05/2004 RULE	CLASS 428	GROUP ART UNIT 1774	ATTORNEY DOCKET NO. 86982RLO
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** CONTINUING DATA ***** None By

** FOREIGN APPLICATIONS ***** None By

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 04/08/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 16	INDEPENDENT CLAIMS 1
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ADDRESS

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TITLE

White oled devices with color filter arrays

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)
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